

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49			0			
50			1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					1			
52					1			
53					1			
54					1			
55					1			
56					1			
57					1			
58					1			
59					1			
60					1			
61					1			
62					1			
63					1			
64					1			
65					1			
66					1			
67					1			
68					1			
69					1			
70					1			
71					1			
72					1			
73					1			
74					1			
75					1			
76					1			
77					1			
78					1			
79					1			
80					1			
81					1			
82					1			
83					1			
84					1			
85					1			
86					1			
87					1			
88					1			
89					1			
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.			↓		5	↓		
TOTAL DEP.			↔		84	↔		
TOTAL CLAIMS					89			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS